

DEPENDABLE SECURITIES LTD
(MEMBER OF THE NIGERIAN STOCK EXCHANGE)
5th Floor, Mandilas Building
96/102 Broad Street, P. M. B. 12910 Marina – Lagos

INDIVIDUAL CLIENT INFORMATION FORM-CC2

CSCS ACCOUNT OPENING FORM

SURNAME (ALL IN CAPITAL LETTERS PLS): _____
OTHER NAMES: _____
TELEPHONE: _____
POSTAL ADDRESS: _____
FULL RESIDENTIAL ADDRESS: _____
LOCAL GOVT. AREA: _____
SEX: _____
DATE OF BIRTH (DATE/MONTH/YEAR): _____
E-MAIL: _____
NEXT OF KIN: _____
MOTHERS MAIDEN NAME: _____
OCCUPATION/BUSINESS (BE SPECIFIC): _____
OTHER ACCOUNTS (STOCKBROKING): _____
MODE OF IDENTIFICATION: _____
YOUR CONTACT PERSON IN OUR COMPANY (IF ANY): _____
YOUR BANK ACCT. NAME: _____
YOUR CURRENT ACCT NO: _____ BANK SORT CODE _____
NAME OF BANK AND BRANCH: _____
DATE BANK ACCT. OPENED: _____
MODE OF PAYMENT FOR PURCHASE (CASH OR CHEQUE): _____
IF CASH WHY: _____
SPECIMEN OF SIGNATURE: _____
DATE: _____

OTHER SERVICES AVAILABLE

PLEASE TICK IN THE SPACE INDICATED AGAINST YOUR CHOICE:

- ON-LINE ACCOUNT ACCESS.....
- SHARE PURCHASE.....
- MANAGED ACCOUNT.....
- CERTIFICATE VERIFICATION.....

IF YOU TICK CERTIFICATE VERIFICATION, PLEASE INDICATE YOUR PREFERRED MODE OF PAYMENT FOR THE SERVICE

- CASH..... DIRECT DEBIT ON ACCOUNT.....

****DOCUMENTATION REQUIREMENTS FOR OPENING ACCOUNT**

1. PASSPORT (2)
2. UTILITY BILL (PHCN), NITEL ETC-(COPY)
3. EVIDENCE OF IDENTIFICATION-(COPY)
4. DSL FORMCC1 (CORPORATE) DSL CC2 (INDIVIDUAL)
5. TRANSFER FORM